

06/04/04

## PART B - FEE(S) TRANSMITTAL

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JUN 02 2004

**or Fax** (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee transmissions.

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03/09/2004

**EDWARDS & ANGELL, LLP**  
**P.O. BOX 55874**  
**BOSTON, MA 02205**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

**Maria Reen**

(Depositor's name)

*Maria Reen*

(Signature)

June 2, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/637,512	08/11/2000	Stanley M. Goldin	42,982 C3-CPA-C	1159

TITLE OF INVENTION: THERAPEUTIC GUANIDINES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	06/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
O SULLIVAN, PETER G	1621	514-634000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Edwards & Angell, LLP2 Jeffrey D. Hsi

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Cambridge NeuroScience, Inc.****Cambridge, MA**Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

 Issue Fee Publication Fee Advance Order - # of Copies 10

4b. Payment of Fee(s):

 A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) Officer Name Reg. No. 40,024 (Date) 2 June 2004

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/08/2004 MBERHE1 00000090 09637512

01 FC:2501

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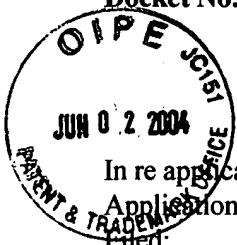
02 FC:8001

30.00 OP

TRANSMIT THIS FORM WITH FEE(S)

Docket No. 42982 (47843)

**PATENT**



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Goldin et al. Confirmation No.: 1159  
Application No.: 09/637,512 Group No.: 1621  
Filed: August 11, 2000 Examiner: O'Sullivan, Peter G.  
For: THERAPEUTIC GUANIDINES

**Commissioner for Patents**  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
MAIL STOP ISSUE FEE

**TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)**

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:	Regular	Design
<input checked="" type="checkbox"/> small business entity fee	[X] \$ 665.00	[ ] \$230.00
<input type="checkbox"/> other than a small entity fee	[ ] \$1,330.00	[ ] \$460.00
3. Publication fee	[ ] \$ 300.00	[X] Not Required
4. Advanced order of soft copies of patent fee	[X] \$ 30.00	

Total Fee Enclosed: \$ 695.00

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Dated: June 2, 2004

Signature: Maria Reen  
(Maria Reen)

5. Payment of fee:

Enclosed please find check for \$ 695.00

Charge Account 04-1105 for any fee deficiency or credit any overpayment.

Charge Account \_\_\_\_\_ the sum of \$ \_\_\_\_\_.

Date: June 2, 2004

  
\_\_\_\_\_  
SIGNATURE OF PRACTITIONER

Reg. No. 40,024

Jeffrey D. Hsi  
(type or print name of practitioner)

Tel. No. (617) 439-4444

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